

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE

Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

DOCUMENT # **K26974**

(1)

95 MAY -1 AM 8:42

1. Corporation Name

**LAM INTERNATIONAL, INC.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

Principal Place of Business

7757 LAKE WORTH ROAD  
LAKE WORTH FL 33467

Mailing Address

7757 LAKE WORTH ROAD  
LAKE WORTH FL 33467

3. Date Incorporated or Qualified

06/24/1988

3a. Date of Last Report

03/17/1994

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number

65-0077217

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

City & State

City & State

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MARK, SUE  
7757 LAKE WORTH RD  
LAKE WORTH FL 33467

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and 150 # applicable

(NOTE: Registered Agent signature required when reconstituting)

DATE

| 12. OFFICERS AND DIRECTORS |                      | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|----------------------|---|---|
| TITLE                      | D                    | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | MARK, SUE            | 1.2 NAME  |   |
| STREET ADDRESS             | 12395 BISCAYNE BLVD  | 1.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            | NORTH MIAMI FL       | 1.4 CITY - ST - ZIP                                   |   |
| TITLE                      | D                    | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | MARK, PETER          | 2.2 NAME  |   |
| STREET ADDRESS             | 7757 LAKE WORTH ROAD | 2.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            | LAKE WORTH FL        | 2.4 CITY - ST - ZIP                                   |   |
| TITLE                      | D                    | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | MARK, JEANNIE        | 3.2 NAME  |   |
| STREET ADDRESS             | 7757 LAKE WORTH RD   | 3.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            | LAKE WORTH FL        | 3.4 CITY - ST - ZIP                                   |   |
| TITLE                      | D                    | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | MARK, EDWARD         | 4.2 NAME  |   |
| STREET ADDRESS             | 7757 LAKE WORTH RD   | 4.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            | LAKE WORTH FL        | 4.4 CITY - ST - ZIP                                   |   |
| TITLE                      |                      | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                      | 5.2 NAME  |   |
| STREET ADDRESS             |                      | 5.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            |                      | 5.4 CITY - ST - ZIP                                   |   |
| TITLE                      |                      | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                      | 6.2 NAME  |   |
| STREET ADDRESS             |                      | 6.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            |                      | 6.4 CITY - ST - ZIP                                   |   |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Sue Mark*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-95

407-642-8568

Date

(Typed Name)